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Date of Deposit: April 12, 2001

Atty. Docket No.: 17633/1030

PATENT

Application of: Faustman, et al.
U.S. Serial No.: 09/031,629
Filed (U.S.): February 27, 1998
Entitled: Methods For Diagnosing and Treating
Autoimmune Disease

Examiner: Dr. Patrick Nolan

Group: 1645

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Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL LETTER

Sir:

1. Transmitted herewith is an amendment in response to the Office Action mailed on October 13, 2000 in the above-referenced patent application.

STATUS

2. Applicant is
☒ a small entity.
☐ other than small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

<input checked="" type="checkbox"/>	Applicant petitions for an extension of time under 37 CFR 1.136		
	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	ONE month	\$110.00	\$55.00
<input type="checkbox"/>	TWO months	\$390.00	\$195.00
<input checked="" type="checkbox"/>	THREE months	\$890.00	\$445.00
<input type="checkbox"/>	FOUR months	\$1,390.00	\$695.00
<input type="checkbox"/>	FIVE months	\$1,890.00	\$945.00
		Fee	\$445.00

If an additional extension of time is required, please consider this a petition therefor.

- (a) ☐ An extension for _____ has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

04/17/2001 HDEESS1 00000031 09031629

04 FC3E17

445.00 DP

Rep In. Ref: 04/17/2001 HDEESS1 0009471900
DAH: 160085 Made/Number: 09031629
FC: 704 \$190.00 CR

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Extension fee due with this request \$195.00

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OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	7	minus	44	0	x \$18	0
INDEPENDENT CLAIMS	1	minus	6	0	x \$80	0
MULTIPLE DEPENDENT CLAIM ADDED	No/Yes				\$270	0
					TOTAL	0.00
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.				SMALL ENTITY TOTAL		0.00

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$

FEE FOR SUPPLEMENTAL IDS

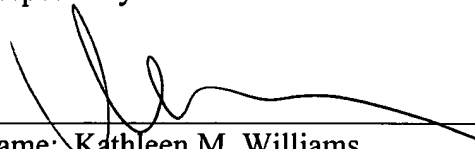
5. ☒ Pursuant to CFR 1.97(c)(2) a fee of \$180.00 is submitted for submission of an IDS after the mailing of the first Office Action.

FEE PAYMENT

6. ☒ Attached is a check in the sum of \$ 815.00
- ☒ Charge Deposit Account No. 16-0085, Reference No. 17633/1030 any additional necessary fees.

A duplicate of this transmittal is attached.

Respectfully submitted



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